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Women's psychological and emotional response to a prenatal diagnosis of fetal growth restriction

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Objective

- This study aimed to explore women's psychological experiences following a prenatal diagnosis of **fetal growth restriction** (FGR), with eventual loss, and to gain insight into their decision-making process.
- We hypothesised that further understanding of women's decision making and experience would enable maternal healthcare teams, including obstetricians and midwives, to better support women following diagnosis.

Method

- Qualitative face-to-face interviews with 6 women who had attended a specialist service following a prenatal diagnosis of FGR.
- All women had lost their child due to FGR within 6-48 months of the study taking place.
- Interpretative Phenomenological Analysis used to analyse the interview data.
- Interviews lasted between 55-106 minutes.

Findings



Theme 1: A fine line between being supportive and unhelpful

This theme highlighted women's perception of care and information provided by their care teams, how they often sought privacy but also felt isolated from others, feared other's understanding of their experience, and described some helpful strategies for coping.



Theme 2: Understanding the situation and decision to be made

This theme described women's experience of the 'unknown', their hope for a positive outcome and perception of their unborn or young child's life as precious and longed for. They considered their unborn or very young child's potential quality of life, and sought reassurance from others prior to their realisation of a likely negative outcome.



Theme 3: Parental responsibility

This theme described women's imagined futures and the connection they felt to their 'parental role' and their unborn or young child. They also reflected on how previous experiences had shaped their understanding.

Women's connection to their unborn child began before birth, often through ultrasound appointments where mothers were able to "see (their) baby on the screen" [P3] and "listen to the heart beat" [P3].

"We paid for the gender scan, we knew he was a little boy... so he had a real identity when he passed..." [P1].

Clinical implications

- Local and specialist maternal healthcare staff could provide clearer and more accessible information, forming an understanding of women's personal history, and considering this when asking them to make decisions relating to the continuation of their pregnancy, or their unborn or young child's care.
- Specialist staff could facilitate connection to support groups and ensure a distinct separation of clinical appointments and research recruitment.
- Local staff could provide more attentive and person-centred care during appointments.